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HEALTH  
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URBAN DISTRICT COUNCIL

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THE SEVENTY-SECOND  
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE  
YEAR ENDED DECEMBER 31st

1956









CROMER    URBAN    DISTRICT    COUNCIL

REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
for the  
Year Ended 31st December, 1956

To the Chairman and Members of the Cromer Urban District Council.

Miss Reeve and Gentlemen,

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1956.

PRINCIPAL NOTES ON THE YEAR

The estimated population at Mid-year was 4,860 which was less than the previous year.

The Corrected Birth Rate was 12.9 per 1,000 of the estimated population. (England and Wales 15.7)

The Corrected Death Rate was 8.1 per 1,000 of the estimated population. (England and Wales 11.7)

No death occurred in association with Childbirth.

No case of Poliomyelitis was reported.

There was one death from Tuberculosis and one fresh case was reported.

SITUATION

Cromer is situated at about the middle of the line of sandy cliff that runs along the coast of Norfolk from Mundesley to Weybourne. Its position is elevated and healthy. Bracing winds and a small rainfall are the main features of its climate.

The Cromer Urban District is surrounded to the East, South and West by the Erpingham Rural District.



## GENERAL STATISTICS

Area in Acres .....	1,158
Population (Registrar General's Estimate) .....	4,860
Number of Inhabited Houses .....	1,729
Rateable Value .....	£88,199
Sum represented by a Penny Rate .....	£353

## VITAL STATISTICS

### Live Births

Legitimate .....	50
Illegitimate .....	7
	<u>57</u>

The Birth Rate is 11.7 per 1,000 of the estimated population.  
12.3 % of live births were illegitimate. The corrected figure is 12.9.

### Still Births

Legitimate .....	2
Illegitimate .....	-
	<u>2</u>

The Still Birth Rate is 0.4 per 1,000 of the estimated population, or  
3.4% of all births.

## DEATHS

The causes of Death were as follows :-

Tuberculosis of the Respiratory System .....	1
Cancer of the Stomach .....	1
Lung and Bronchial passages .....	4
Breast .....	2
Uterus .....	-
Other malignant and lymphatic growths .....	6
Vascular lesions of the nervous system .....	5
Coronary disease and Angina .....	4
Hypertension with Heart Disease .....	1
Other Heart Disease .....	7
Other Circulatory Diseases .....	3
Pneumonia .....	3
Bronchitis .....	7
Gastritis, Enteritis and Diarrhoea .....	1
Hypertrophia of the Prostate .....	1
Congenital Malformations .....	1
Other diseases, and ill-defined diseases .....	4
All other Accidents .....	3
Suicide .....	1
Homicide and operations of War .....	1

Total ..... 56



The Death Rate is 11.5 per 1,000 of the estimated population. (England and Wales 11.7). The corrected figure is 8.1

Diseases of the Heart accounted for 21% of all Deaths, Cancer for 23%, Vascular Lesions of the Nervous System for 9% and Respiratory Diseases for 18%.

One death occurred from Tuberculosis. None occurred from the conditions associated with Childbirth.

One death occurring in a child under 1 year of age was reported during the year. (also under one month).

#### INFECTIOUS DISEASES

Notifications of Infectious Disease during the year were as follows:-

<u>Disease</u>	<u>Total</u>
Scarlet Fever .....	1
Chickenpox .....	6
Measles .....	77
Whooping Cough .....	6
Infectious Jaundice .....	0
Puerperal Pyrexia .....	0
Erysipelas .....	0
Dysentery .....	9
Total .....	99

The notifications of Measles were roughly the same number as in 1955. This is unusual, as this disease exhibits a two-yearly cycle as a rule. The milder nature of Measles these days results in very few complications. An occasional discharging ear is the only common one, and this can be controlled by modern drugs. Measles still has medical importance, however, as it may cause serious illness in a debilitated child.

The solitary case of Scarlet Fever reported was mild, as are the majority of cases at present. It is becoming increasingly difficult to diagnose it with certainty as the characteristic rash may be present only for an hour or two. The most practical method of handling it has been adopted by the School Medical Authorities, who leave the assessment of an outbreak to the School Medical Officer. It is by no means always necessary to exclude contacts from school.

As regards Whooping Cough, six cases only were reported, making a total of only eight for the last two years. The immunisation practised for some years is perhaps beginning to show some results. It is worthy of note that in the County of Norfolk as a whole there were three deaths from this disease during the year.

Dysentery has not been reported before. The nine cases are certainly an under-estimate of the total number. The appropriate preventive measures consist of scrupulous attention to hygiene, both personally and as regards food preparation. It is a mild disease, but alarming at times, and it can persist for long periods in a person as a carrier state.



VACCINATIONS. The following vaccinations were carried out in Area No.2 during 1956 :-

Age at 31.12.56.	Under 1	1	2	3	4	5-14	15 and Over	Total
Primary Vaccinations	227	18	7	8	4	8	27	299
Re-vaccinations	1	1	-	2	-	14	78	96

DIPHTHERIA IMMUNISATION 1956

Age at 31.12.56. i.e. born in year.	1 1956	1 1955	2 1954	3 1953	4 1952	5 1951	6 1950	Total under 15
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Immunised between 1942 - 1956	Primary	44	232	262	333	324	222	37	....	1454
	7 1949	8 1948	9 1947	10 1946	11 1945	12 1944	13 1943	14 1942		
	18	23	106	88	74	71	60	77	....	517
	Total .....								1971	

Immunised between 1942 - 1951	Booster	1 1956	1 1955	2 1954	3 1953	4 1952	5 1951	6 1950		
	-	-	-	2	2	6	41	....	51	
	7 1949	8 1948	9 1947	10 1946	11 1945	12 1944	13 1943	14 1942		
	131	169	281	175	123	140	132	147	....	1298
Total .....								1349		

Immunised between 1942 - 1951	Primary	1 1956	1 1955	2 1954	3 1953	4 1952	5 1951	6 1950		
	-	-	-	-	-	20	205	....	225	
	7 1949	8 1948	9 1947	10 1946	11 1945	12 1944	13 1943	14 1942		
	312	283	268	194	136	102	71	76	....	1442
Total .....								1667		

Immunised between 1942 - 1951	<u>Booster 1956 - 1950 ... NIL.</u>								
	7	8	9	10	11	12	13	14	
	1949	1948	1947	1946	1945	1944	1943	1942	<u>Total</u>
	-	-	3	100	96	104	105	104	512



## DIPHTHERIA IMMUNISATION 1956 (cont)

Age at 31.12.46.	1	1	2	3	4	5	6	Total under 15
i.o.born in year.	1956	1955	1954	1953	1952	1951	1950.	
Primary	44	232	262	333	324	242	242	1679
7	8	9	10	11	12	13	14	
1949	1948	1947	1946	1945	1944	1943	1942	
330	306	374	282	210	173	131	153	1959
Total							3638	
1	1	2	3	4	5	6		
1956	1955	1954	1953	1952	1951	1950		
Booster	-	-	-	2	2	6	41	51
7	8	9	10	11	12	13	14	
1949	1948	1947	1946	1945	1944	1943	1942	
131	169	284	275	219	244	237	251	1810
Total							1861	

## POLIOMYELITIS VACCINATION 1956

Number of Children registered for Vaccination

[illegible]

## POLIOMYELITIS VACCINATION 1956

Children in specified age groups who received full course of two injections

Born in	1947	1948	1949	1950	1951	1952	1953	1954.	Total
Male	4	7	8	12	6	7	4	-	48
Female	10	6	5	3	3	4	6	3	40

Cromer U.D. . . . 10



## TUBERCULOSIS

One new case of Tuberculosis was reported during the year. Two cases were, however, added to the Register, one being an inward transfer from another district.

One death occurred from Tuberculosis.

The state of the Tuberculosis Register at the end of the year was as follows :-

	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Total</u>
Male	14	3	17
Female	9	3	12
Totals .....	23	6	29

In previous years the following were the corresponding totals :-

1955	26	5	31
1954	29	5	34
1953	29	3	32
1952	29	3	32
1951	29	4	33

## FOOD

All stages in the storage, distribution and handling of food are most carefully supervised and daily inspections are carried out. The suppliers and retailers in the town continue to maintain their high standard of co-operation in this important matter.

## FOOD POISONING

No case, or suspected case, was reported.

## ICE CREAM

No illness attributable to Ice Cream occurred.

## NATIONAL ASSISTANCE ACT, 1948, Section 47.

The District Council is empowered under this Act to take proceedings for the removal to hospital of sick persons under certain circumstances on the advice of the Medical Officer of Health. No instance occurred in which this was necessary.



GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Public Health Officers to the Local Authority:

MEDICAL OFFICER OF HEALTH

J. H. F. NORBURY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. Wholetime; the post is combined with that of Medical Officer of Health for Sheringham Urban District and the Erpingham Rural District, and Assistant County Medical Officer for those districts under the County Council.

SURVEYOR, SANITARY INSPECTOR and WATER WORKS MANAGER

J. A. HAIGH, F.F.A.S., A.M.I.S.E., Cert.R.San.Inst.

As a result of the National Health Service Act, which came into operation in 1948, Health Services are provided almost entirely by official bodies. There is a limited amount of private practice.

The official bodies are four in number :-

(1) The Norfolk Executive Council.

This provides the General Practitioner, Dental, Pharmaceutical and Ophthalmic Services.

(2) The Regional Hospital Board.

The country as a whole has been divided into Regions, and the Regions into Areas, for administrative purposes. The Cromer Urban District lies in the East Anglian District and the Cromer area. Cromer and District Hospital is the General Hospital for the area and provides specialist out-patient clinics for patients from anywhere within the area. The Sanatoria at Kelling, near Holt, are also administered by the Regional Hospital Board, as are the Fletcher Convalescent Home at Cromer, the Longacre Maternity Home at West Runton and the Hospital Wing at Beckham House.

At present, Infectious Diseases are treated at East Dereham Isolation Hospital, a distance of some 25 miles away, and at Norwich Isolation Hospital.

(3) The County Council

The County Council provides through its various departments :-

(a) The School Medical Service.

All schools in the area are visited at least once during the year. At those visits a systematic examination of entrants, 5, 8, and 10-year-olds, and leavers is carried out; arrangements are made for the treatment of defects found. All children previously found to have defects are also examined, and any not otherwise due to be examined who appear to require it. Special examinations are made of handicapped children, where necessary in their homes.



A Minor Ailment Clinic is held fortnightly at the Local Health Office. Children not included in a school for any reason are also examined at home. Examination is also made of children when transport to school is believed necessary on medical grounds.

- (b) The Maternity and Child Welfare Service.  
An Infant Welfare Centre is held fortnightly at the Local Health Office. Immunisations are carried out regularly.
- (c) Health Visiting.  
All children under 5 are visited regularly in their homes by a Health Visitor. In most cases the duty of Health Visiting is carried out by the local District Nurse Mid-wife. She also attends the Welfare Centre and not infrequently assists at neighbouring ones. Children over 5 come under the supervision of the School Nurse.
- (d) Midwifery.  
This is performed by the District Nurse-Midwives and the general practitioner-obstetricians. In this district the Longacre Maternity Home and Beckham House are available for confinements where domiciliary confinement is considered undesirable.
- (e) Home Nursing.  
This is carried out by the District Nurse-Midwives under the Norfolk County Nursing Association, who act as Agents for the County Council.
- (f) Vaccination and Immunisation  
This is carried out by general practitioners acting for the County Council, and by the Assistant County Medical Officer. In the case of children, facilities are provided at the Infant Welfare Centre and, in the case of immunisation, at the schools as well.
- (g) Ambulance Services  
These are carried out by the St. John Ambulance Brigade, acting as Agents for the County Council.
- (h) General Measures for the Prevention of Illness, Care and After-Care, including the provision of Nursing Equipment.
- (i) Home Helps
- (j) Mental Health Services
- (k) General Welfare Services, under the supervision of the Welfare Officer.  
He is in Cromer every morning at 9 a.m. and is available for interview at that time at the Local Health Office.



4. The Urban District Council

The District Council is, as ever, responsible for the control of Infectious Diseases and Environmental Health and Hygiene, acting through the Medical Officer of Health and the Sanitary Inspector.

Note :- Laboratory Services are provided at the Public Health Laboratory, Bowthorpe Road, Norwich, by the Ministry of Health.

SANITARY INSPECTIONS OF THE AREA

Tabular Statement furnished by the Sanitary Inspector under Article 27 (18) of the Sanitary Officers (Outside London) Regulations, 1935 :-

House to House Inspections .....	120
Inspections under Housing Acts .....	25
Inspections of Nuisances discovered .....	10
Re-inspection to ascertain progress .....	10
Visits in connection with Infectious Diseases .....	3
Inspections of Cowsheds and Dairies .....	63
Inspections under Factories and Workshops Acts .....	4
Re-inspections .....	4
Inspections of Tenements .....	30
Inspections of Foodshops other than Dairies and Bakehouses ..	860
Premises Disinfected .....	nil
Rooms Disinfected .....	nil
Drainage Systems Tested .....	45
Committee Meetings attended .....	12
Preliminary Notices served .....	10
Legal Proceedings taken .....	nil
Promises found to be defective by House to House Inspection..	30
Promises found defective by Workshop Inspection .....	nil
Premises found defective by Tenement Inspection .....	nil
Statutory Notices served .....	nil
Housing - No Court Action taken .....	nil

In conclusion, I must express my thanks to Mr. Haigh for the invaluable help he has given in the preparation of this Report.

I have the honour to be,

Your obedient Servant,

J. H. F. NORBURY,  
M.B.,B.S.,M.R.C.S.,L.R.C.P.,D.P.H.



FACTORIES ACT, 1937 and 1948

Prescribed particulars on the administration of the Factories Act, 1937.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises 1	Number on Register 2	Number of		
		Inspect- ions. 3	Written Notices 4	Occupiers. Prosecuted 5
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	21	4	nil	nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	7	2	nil	nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding Out- Workers' premises)	3	3	nil	nil
Total .....	31	9	nil	nil



FACTORIES ACT, 1937 and 1948 (cont)

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	No of Cases in which defects were found				No. of cases in which Prosecutions were instituted.
	Found	Remedied	Referred		
			To H. M. Inspector.	By H. M. Inspector.	
1	2	3	4	5	6
Want of Cleanliness (S.1).	Nil	Nil	Nil	Nil	Nil
Overcrowding (S.2)	Nil	Nil	Nil	Nil	Nil
Unreasonable Temp'ture. (S.3)	Nil	Nil	Nil	Nil	Nil
Inadequate Ventilation (S.4).	Nil	Nil	Nil	Nil	Nil
Ineffective drainage of floors (S.6)	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7) -					
(a)insufficient	Nil	Nil	Nil	Nil	Nil
(b)unsuitable or defective	Nil	Nil	Nil	Nil	Nil
(c)not separate for sexes.	Nil	Nil	Nil	Nil	Nil
Other offences against the Act (incl.offences relating to Outwork),	Nil	Nil	Nil	Nil	Nil
	Nil	Nil	Nil	Nil	Nil
Total ....	Nil	Nil	Nil	Nil	Nil











